

## State of Connecticut



Department of Developmental Services
Institutional Review Board

To ensure compliance with The Health Insurance Portability and Accountability Act (HIPAA), the Institutional Review Board (IRB) must ascertain whether researchers are using Protected Health Information (PHI). In order for the IRB to make this assessment, you will need to complete this form for <u>each</u> study you file with the IRB. Please duplicate this form as necessary.

B Protocol #:  Bection A. Place a checkmark next to ALL types of data you propose to collect for this study:  Name Geographic subdivisions smaller than a state Employment or educational information Any elements of date (except year) related to an individual, including dates of birth, admission, service rendered, discharge, or death. For persons older than 90 years of age, the year of birth cannot be used. Telephone numbers FAX numbers Electronic mail addresses or social media identifiers Social Security Numbers Medical record numbers Health plan beneficiary numbers (such as Medicare, Medicaid) Account numbers Certificate/license numbers Vehicle identifiers and serial numbers including license plates Device identifiers and serial numbers Web URLs Internet protocol addresses Biometric identifiers, including finger and voice prints Photographs or images Any other unique identifying numbers, characteristics or codes. Please describe:  If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B.	tle of Stu incipal Ir	nvestigator:	
ection A. Place a checkmark next to ALL types of data you propose to collect for this study:    Name	•		
Geographic subdivisions smaller than a state  Employment or educational information  Any elements of date (except year) related to an individual, including dates of birth, admission, service rendered, discharge, or death. For persons older than 90 years of age, the year of birth cannot be used.  Telephone numbers  FAX numbers  Electronic mail addresses or social media identifiers  Social Security Numbers  Medical record numbers  Health plan beneficiary numbers (such as Medicare, Medicaid)  Account numbers  Certificate/license numbers  Vehicle identifiers and serial numbers including license plates  Device identifiers and serial numbers  Web URLs  Internet protocol addresses  Biometric identifiers, including finger and voice prints  Photographs or images  Any other unique identifying numbers, characteristics or codes. Please describe:  If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B.			
Employment or educational information  Any elements of date (except year) related to an individual, including dates of birth, admission, service rendered, discharge, or death. For persons older than 90 years of age, the year of birth cannot be used.  Telephone numbers  FAX numbers  Electronic mail addresses or social media identifiers  Social Security Numbers  Medical record numbers  Health plan beneficiary numbers (such as Medicare, Medicaid)  Account numbers  Certificate/license numbers  Vehicle identifiers and serial numbers including license plates  Device identifiers and serial numbers  Web URLs  Internet protocol addresses  Biometric identifiers, including finger and voice prints  Photographs or images  Any other unique identifying numbers, characteristics or codes. Please describe:  If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B.  Certify that the proposed research study will not access any PHI listed above.	_		:yk
Employment or educational information  Any elements of date (except year) related to an individual, including dates of birth, admission, service rendered, discharge, or death. For persons older than 90 years of age, the year of birth cannot be used.  Telephone numbers  FAX numbers  Electronic mail addresses or social media identifiers  Social Security Numbers  Medical record numbers  Health plan beneficiary numbers (such as Medicare, Medicaid)  Account numbers  Certificate/license numbers  Vehicle identifiers and serial numbers including license plates  Device identifiers and serial numbers  Web URLs  Internet protocol addresses  Biometric identifiers, including finger and voice prints  Photographs or images  Any other unique identifying numbers, characteristics or codes. Please describe:  If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B.		Geographic subdivisions smaller than a state	
admission, service rendered, discharge, or death. For persons older than 90 years of age, the year of birth cannot be used.  Telephone numbers FAX numbers Electronic mail addresses or social media identifiers Social Security Numbers Medical record numbers Health plan beneficiary numbers (such as Medicare, Medicaid) Account numbers Certificate/license numbers Vehicle identifiers and serial numbers including license plates Device identifiers and serial numbers Web URLs Internet protocol addresses Biometric identifiers, including finger and voice prints Photographs or images Any other unique identifying numbers, characteristics or codes. Please describe:  If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B.  certify that the proposed research study will not access any PHI listed above.			
Telephone numbers FAX numbers Electronic mail addresses or social media identifiers Social Security Numbers Medical record numbers Health plan beneficiary numbers (such as Medicare, Medicaid) Account numbers Certificate/license numbers Vehicle identifiers and serial numbers including license plates Device identifiers and serial numbers Web URLs Internet protocol addresses Biometric identifiers, including finger and voice prints Photographs or images Any other unique identifying numbers, characteristics or codes. Please describe:  If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B.  certify that the proposed research study will not access any PHI listed above.		admission, service rendered, discharge, or death. For persons older than 90 years	
Electronic mail addresses or social media identifiers  Social Security Numbers  Medical record numbers  Health plan beneficiary numbers (such as Medicare, Medicaid)  Account numbers  Certificate/license numbers  Vehicle identifiers and serial numbers including license plates  Device identifiers and serial numbers  Web URLs  Internet protocol addresses  Biometric identifiers, including finger and voice prints  Photographs or images  Any other unique identifying numbers, characteristics or codes. Please describe:  If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B.  certify that the proposed research study will not access any PHI listed above.		- ,	
Social Security Numbers Medical record numbers Health plan beneficiary numbers (such as Medicare, Medicaid) Account numbers Certificate/license numbers Vehicle identifiers and serial numbers including license plates Device identifiers and serial numbers Web URLs Internet protocol addresses Biometric identifiers, including finger and voice prints Photographs or images Any other unique identifying numbers, characteristics or codes. Please describe:  If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B.  certify that the proposed research study will not access any PHI listed above.		·	
Medical record numbers   Health plan beneficiary numbers (such as Medicare, Medicaid)   Account numbers   Certificate/license numbers   Vehicle identifiers and serial numbers including license plates   Device identifiers and serial numbers   Web URLs   Internet protocol addresses   Biometric identifiers, including finger and voice prints   Photographs or images   Any other unique identifying numbers, characteristics or codes. Please describe:   If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B.   Certify that the proposed research study will not access any PHI listed above.		Electronic mail addresses or social media identifiers	
Health plan beneficiary numbers (such as Medicare, Medicaid) Account numbers Certificate/license numbers Vehicle identifiers and serial numbers including license plates Device identifiers and serial numbers Web URLs Internet protocol addresses Biometric identifiers, including finger and voice prints Photographs or images Any other unique identifying numbers, characteristics or codes. Please describe:  If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B.  certify that the proposed research study will not access any PHI listed above.		Social Security Numbers	
Account numbers Certificate/license numbers Vehicle identifiers and serial numbers including license plates Device identifiers and serial numbers Web URLs Internet protocol addresses Biometric identifiers, including finger and voice prints Photographs or images Any other unique identifying numbers, characteristics or codes. Please describe:  If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B.  certify that the proposed research study will not access any PHI listed above.		Medical record numbers	
Certificate/license numbers Vehicle identifiers and serial numbers including license plates Device identifiers and serial numbers Web URLs Internet protocol addresses Biometric identifiers, including finger and voice prints Photographs or images Any other unique identifying numbers, characteristics or codes. Please describe:  If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B.  Certify that the proposed research study will not access any PHI listed above.		Health plan beneficiary numbers (such as Medicare, Medicaid)	
<ul> <li>Vehicle identifiers and serial numbers including license plates</li> <li>□ Device identifiers and serial numbers</li> <li>□ Web URLs</li> <li>□ Internet protocol addresses</li> <li>□ Biometric identifiers, including finger and voice prints</li> <li>□ Photographs or images</li> <li>□ Any other unique identifying numbers, characteristics or codes. Please describe:</li> </ul> If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B. Certify that the proposed research study will not access any PHI listed above.		Account numbers	
Device identifiers and serial numbers  Web URLs Internet protocol addresses Biometric identifiers, including finger and voice prints Photographs or images Any other unique identifying numbers, characteristics or codes. Please describe:  If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B.  Certify that the proposed research study will not access any PHI listed above.		Certificate/license numbers	
<ul> <li>□ Web URLs</li> <li>□ Internet protocol addresses</li> <li>□ Biometric identifiers, including finger and voice prints</li> <li>□ Photographs or images</li> <li>□ Any other unique identifying numbers, characteristics or codes. Please describe:</li> </ul> If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B. certify that the proposed research study will not access any PHI listed above.		Vehicle identifiers and serial numbers including license plates	
□ Internet protocol addresses □ Biometric identifiers, including finger and voice prints □ Photographs or images □ Any other unique identifying numbers, characteristics or codes. Please describe: □ If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B. □ Certify that the proposed research study will not access any PHI listed above.		Device identifiers and serial numbers	
Biometric identifiers, including finger and voice prints Photographs or images Any other unique identifying numbers, characteristics or codes. Please describe:  If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B.  certify that the proposed research study will not access any PHI listed above.		Web URLs	
Photographs or images Any other unique identifying numbers, characteristics or codes. Please describe:  If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B.  certify that the proposed research study will not access any PHI listed above.		Internet protocol addresses	
Any other unique identifying numbers, characteristics or codes. Please describe:  If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to Section B.  certify that the proposed research study will not access any PHI listed above.		Biometric identifiers, including finger and voice prints	
If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to <b>Section B</b> .  certify that the proposed research study will not access any PHI listed above.		Photographs or images	
the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to <b>Section B</b> .  certify that the proposed research study will not access any PHI listed above.		Any other unique identifying numbers, characteristics or codes. Please describe:	
certify that the proposed research study will not access any PHI listed above.	the	e DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item	
	list	ed above, please continue to <b>Section B</b> .	
Principal Investigator's Signature	certify th	at the proposed research study will not access any PHI listed above.	
	Princinal Ir	nvestigator's Signature	



## State of Connecticut

DDS

Department of Developmental Services Institutional Review Board

## Section B.

If you propose to use Personal Health Information (PHI), please address	s the following guestions
---	---------------------------

1.	Please explain why the research could not practicably be conducted without a use of, each specific type of PHI.	ccess to, and			
2.	How do you plan to protect the PHI from improper use and disclosure? Please details.	e provide			
3.	When and how will you destroy all PHI at the earliest opportunity consistent w of the research? Is there is a research or health justification for retaining identitat otherwise requires the retention of identifiers?				
4.	How will you assure that the PHI will not be reused or disclosed to any other pexcept as required by law or for authorized oversight of the research project?	erson or entity,			
I certify that the information provided above is accurate and complete.					
Drin	cipal Investigator's signature	Doto			
riin	icipai ilivestigator s signature	Date			